

Disabilities in the 21st Century." The conference will be convened on Guam from October 28–30, 1998.

It is momentous that this conference will be held in concert with "Disabilities Awareness Month" in the Pacific. Our own local network on Guam of rehabilitation professionals, educators, teachers, researchers and consumers acknowledge the people from our business communities employing persons with disabilities. On Guam on October 26, 1998, we are awarding those members of our own business community for their continued support by employing persons with disabilities. Mr. Rodney Priest, the Chairperson of the Guam Rehabilitation Advisory Council and a research associate with San Diego State University, was instrumental in organizing this event. The October 26 event maintains our commitment to our greatest resource, the people of Guam.

Hiring the disabled is an asset for us all. There are similar ceremonies acknowledging employers in the islands across the Pacific this month. Events will also be held in the Marshall Islands, the Federated States of Micronesia, American Samoa, the Republic of Palau and the Commonwealth of the Northern Mariana Islands.

October is Disabilities Awareness Month. During this month, we commemorate individuals with disabilities and pay tribute to their contributions in our communities. None of the activities this month would have been possible without the successful collaboration between institutions of higher education, community service organizations, responsive government officials and supportive consumers from our villages. These recent cooperative efforts have been coordinated by San Diego State University Rehabilitation Research and Training Center of the Pacific, funded by the National Institute on disability Rehabilitation Research.

The Rehabilitation Research and Training Center of the Pacific adopted a model for research that focuses on participation, action and local priorities. This unique approach resulted in the sponsorship of the Guam Rehabilitation Research Local Steering Committee led by people with disabilities who live in my district. Together with other similar committees led by persons with disabilities from the islands, these groups are improving our ability to address our systems of service and economic development which result in real jobs, careers and life-long learning impacting our communities today and in the future. This is an example of community leadership combined with university skills that can positively affect the lives of numerous individuals in the 21st century. It is a Pacific perspective that should be acknowledged and replicated.

Mr. Speaker, this message would be incomplete without mentioning other individuals and organizations contributing tremendously to assisting individuals with disabilities. I commend Dr. Fred McFarlane, Director of the Interwork Institute and the Rehabilitation Research and Training Center of the Pacific (RRTCP) and Dr. Kenneth Gelea'i, Co-Director and Research Coordinator of the RRTCP. I also commend the Association of Pacific Island Legislatures (APIL), presided by Senator Carlotta A. Leon Guerrero, for their commitment to individuals with disabilities, as evinced by their resolution passed by APIL's 17th General Assembly. I also congratulate Mr. Rodney Priest for his tireless efforts on behalf of Guam's disabled community.

## TRIBUTE TO GARY GRAY

### HON. NICK SMITH

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, October 14, 1998*

Mr. SMITH of Michigan. I rise before you today to honor Gary Gray, a constituent of mine from Adrian, Michigan whose accomplishments and accolades are many.

Mr. Gray is the recipient of the Lenawee County Chamber of Commerce 1998 Small Business Person of the Year Award. This distinguished honor is bestowed upon those individuals who have not only created and guided successful businesses but have made an even greater contribution through their selfless giving to those in their community.

Gary Gray, a nationally recognized physical therapist, grew up in the city of Ft. Wayne, Indiana. Upon graduating from the University of Indiana in 1976, he began his professional career as Director of Physical Therapy at Bixby Hospital in Adrian, Michigan. He continues to enjoy Adrian as his home.

In 1986 Gary opened the doors of Gary Gray Physical Therapy Clinic, Inc. in Adrian with two employees. Nearly thirteen years later this thriving company has grown into three sites employing 35 employees.

Upon realizing the critical need this country has for continuing education in rehabilitation, he began Wynn Marketing, Inc. in 1988. Through the years, Wynn Marketing has produced 95 seminars throughout the nation, presenting innovative, practical and enlightening rehabilitation seminars to over 10,000 physical therapists, athletic trainers, orthopedic physicians and chiropractors. The closeness of his family life is revealed in the fact that his mother and father are the hosts and coordinators of these seminars.

Gary continues to be a consultant to various college and professional athletic teams around the country as well as educational institutions. He is the author of several published articles and manuals on rehabilitation and prevention. Recognized by various physical therapy schools around the nation, many of these are required reading in the physical therapy curriculum.

Recognized as a successful inventor of rehabilitation equipment, Gary opened the doors of Functional Designs in 1997. The purpose of this company is to develop and market many of Gary's inventions i.e. the Golf Gazebo, the Stretch Frame and the Pyramid Strider.

Gary Gray consistently supports community projects, especially those involving youth. He developed the "Hot Rock" boys basketball camp in 1989. This two week summer camp of basketball ministry combines the unique blend of both sport and Christ in the lives of the youth today. This past summer's Hot Rock was enjoyed by over 120 young boys and remains fully sponsored by Gary.

Realizing the need was also there for the young girls of the community, Gary developed "Girls of Summer" in 1995. Over 70 girls were ministered to this past summer, again combining the blend of basketball and Christ.

Beginning his 5th year as the assistant varsity basketball coach at Lenawee Christian High School is one of the positions Gary holds most dear. His love of Christ and family is prevalent to all who know him. His lovely wife of 22 years, Cindi, is also known as an excel-

lent speaker and leader in the community. He has two wonderful sons of whom he is very proud: Brad, a freshman at Cornerstone College and Doug, a junior at Lenawee Christian High School.

I want to commend Gary Gray for all of his achievements. He truly is deserving of the Lenawee Chamber of Commerce's Small Business Person of the Year Award.

## A TRIBUTE TO DR. KENNETH JERNIGAN, PRESIDENT EMERITUS OF THE NATIONAL FEDERATION OF THE BLIND

### HON. ELIJAH E. CUMMINGS

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, October 14, 1998*

Mr. CUMMINGS. Mr. Speaker, today I rise to pay tribute to a man who has dedicated his life to improving opportunities for others. He is Dr. Kenneth Jernigan, who served as President of the National Federation of the Blind from 1968 to 1986 and as the Federation's President Emeritus until his death on October 12, 1998. In these capacities, Dr. Jernigan has become widely recognized and highly respected as the principal leader of the organized blind movement in the United States.

Mr. Speaker, I have been proud to represent Kenneth Jernigan and his wife, Mary Ellen, since coming to Congress in 1996. But more than being my constituent, Mr. Speaker, Dr. Jernigan has been my friend. In fact, as he did with so many others over his lifetime of leadership, he encouraged me and helped me to believe in myself.

Born blind in 1926, Kenneth Jernigan grew up on a small Tennessee farm with little hope and little opportunity. But in the story of Kenneth Jernigan, from his humble beginnings in the hills of Tennessee to his stature as a national—and even an international—leader, the story of what is right with America is told.

Dr. Jernigan may have been blind in the physical sense, but he was a man of vision nonetheless. As a leader of the National Federation of the Blind, he taught all of us to understand that eyesight and insight are not related to each other in any way. Although he did not have eyesight, his insight on life, learning, and leading has no equal.

Mr. Speaker, for those who knew him and loved him, for the blind of this country, and for the National Federation of the Blind—the organization that he loved and built—the world without Kenneth Jernigan will be different. But the world he left in death is a far better world because of his life.

The legacy which Dr. Jernigan has left behind is visible in the hundreds of thousands of lives that he touched and will continue to inspire through the programs and projects that will live on in his name. This will be the case for many generations to come.

Kenneth Jernigan will be missed deeply by his family and friends, and his loss will be shared by all of us because he cared for all of us. With the strength of his voice and the power of his intellect, he brought equality and freedom to the blind. As he did so, Kenneth Jernigan taught us all to love one another and live with dignity. This is the real and lasting legacy of Kenneth Jernigan.

Mr. Speaker, on September 24, 1998, an article entitled, "Friends Pay Homage to Crusader for the Blind. Jernigan Still Working Despite Lung Cancer" appeared in the *Baltimore Sun*. Because it presents a fitting tribute to Dr. Jernigan's life and work, I insert the text of this article in the RECORD at this point.

**FRIENDS PAY HOMAGE TO CRUSADER FOR THE BLIND JERNIGAN STILL WORKING DESPITE LUNG CANCER**

(By Ernest F. Imhoff)

A steady stream of old friends—maybe 300 in the past months—have been visiting Kenneth Jernigan at his home in Irvington.

Pals who followed the old fighter for the blind as he tenaciously led fights for jobs, for access, for independent living, for Braille and for civil rights have come to say thank you and goodbye to a dying blind man they say expanded horizons for thousands of people.

James Omvig, a 63-year-old blind lawyer, and his sighted wife Sharon flew from Tucson, Ariz., to visit with the president emeritus of the National Federal of the Blind (NFB), who is in the latter stages of lung cancer.

"The wonderful life I've had is all due to Dr. Jernigan," Omvig said. In the 1950s, he "was sitting around at home" in Iowa, after learning chair-making, until he met Jernigan and began studying Braille and other subjects. Omvig then graduated from college, got a law degree, became the first blind person hired by the National Labor Relations Board and later developed programs for the blind at Social Security in Baltimore, Alaska and elsewhere.

One topic of conversation among the friends has been Jernigan's latest project, a proposed \$12 million National Research and Training Institute for the Blind for NFB headquarters in South Baltimore.

Last week, Larry McKeever, of Des Moines, who is sighted and has recorded material for the 50,000-member federation, came to chat and cook breakfast for the Jernigans. Donald Capps, the blind leader of 58 South Carolina NFB chapters, called to congratulate Jernigan on being honored recently at the Canadian Embassy for his Newline invention that enables the blind to hear daily newspapers.

Floyd Matson, who is sighted and has worked with Jernigan for 50 years, came from Honolulu to be with "my old poetry and drinking buddy."

A dramatic example of the high regard in which blind people hold Jernigan came during the annual convention of 2,500 NFB members in Dallas in July. A donor contributed \$5,000 to start a Kenneth Jernigan Fund to help blind people.

Quickly, state delegations caucused and announced their own donations. The result: pledges of \$137,000 in his honor.

Jernigan, 71, who was born blind and grew up on a Tennessee farm with no electricity, learned he had incurable lung cancer in November. In the past 10 months, Jernigan has been almost as busy as ever. He has continued projects such as editing the latest in his large-type "Kernel Book" series of inspirational books for the visually impaired.

But his focus has been the proposed four-story institute, for which \$1 million has been raised. It will house the nerve center of an employment program; research and demonstration projects leading to jobs and independent living; technology training seminars; access technology, such as applications for voting machines, airport kiosks and information systems; and Braille literacy initiatives to reverse a 50 percent illiteracy rate among visually impaired children.

In fighting for the blind, Jernigan has frequently been a controversial figure. Before

he moved to Baltimore in 1978, the Iowa Commission for the Blind, which he headed, was the subject of a conflict-of-interest investigation by a gubernatorial committee. In the end, Gov. Robert Ray felt the committee's report vindicated the commission. The governor and the committee described the commission's program for the blind as "one of the best in the country."

"There are good things in everything, even this illness," said his wife, Mary Ellen Jernigan. "You expect to hear from old friends. But in letters and calls, we hear from hundreds of people we don't know."

## TRIBUTE TO BILL GRADISON

### HON. JOHN R. KASICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, October 14, 1998*

Mr. KASICH. Mr. Speaker, I rise today to pay tribute to our former colleague Bill Gradison. Bill served as a highly respected Member of this body from 1975 through January, 1993. For the past 6 years Bill has served as President of the Health Industry Association of America. He will retire from that post at the end of the year.

During his years at HIAA, Bill has demonstrated the same knowledge, commitment and skills that he did in this body. As an expert on health care policy, Bill worked to improve the Nation's health care system and the health of all Americans. Equally important, he did so at all times with great thoughtfulness and by truly being a gentleman.

In his 18 years in the House, Bill had a strong influence on many issues, including health care, the budget, Social Security, trade and governmental self discipline.

Bill found health care to be particularly absorbing and challenging. Both on and off Capitol Hill, Bill has worked hard to ensure that all Americans have access to high quality health care at a reasonable cost.

In Congress, Bill worked enthusiastically to promote hospice care, an innovative, compassionate approach to caring for the terminally ill and their families. In 1982, legislation which he sponsored with then Representative Leon Panetta to allow hospices to provide care under Medicare was enacted. Over the years, Bill sponsored numerous other hospice-related measures that received strong bipartisan support. Today, this humanitarian yet cost effective end of life care is widely accepted.

One of Bill's most significant non-health congressional achievements was indexing income tax brackets and the standard deduction for inflation. Bill was also a major participant in developing the 1983 Social Security measures that restored the Social Security System to solvency.

I hope my colleagues will join me in congratulating Bill for his years of service in Congress and at HIAA. We should certainly appreciate his contributions to public policy and wish him the best of luck in his future endeavors.

## 100% ENROLLMENT OF LOWER INCOME MEDICARE BENEFICIARIES IN THE QMBY & SLMBY PROGRAMS

### HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, October 14, 1998*

Mr. STARK. Mr. Speaker, I am pleased to join Representative McDERMOTT in introducing legislation to ensure that 100 percent—or as close to 100 percent as humanly possible—of low-income Medicare beneficiaries eligible for QMBY and SLMBY are enrolled in those programs. The bill provides for a data match between the IRS and HHS to detect low income Medicare beneficiaries and presumptively enroll them in the programs.

We are introducing the bill in the last hours of the Congress so that the administration, seniors' groups, and others can study the issue over the adjournment period and make suggestions for improvements and changes for a new bill in the 106th Congress.

In 1988, Congress enacted provisions to protect low-income Medicare beneficiaries from the financial distress of out-of-pocket health care costs. The protections were embodied in the Qualified Medicare Beneficiary (QMB) Program under which state Medicaid Programs pay Medicare premiums, deductibles and co-insurance for people with limited resources and with incomes of not more than 100 percent of the Federal poverty threshold, currently \$691 per month for an individual. In subsequent years similar but more limited provisions were enacted for those with slightly higher incomes.

Premium and other cost-sharing protections are critical to the well-being of low-income Medicare beneficiaries. Medicare covers less than half of the total health spending of the elderly and is less generous than health plans typically offered by large employers. Health care spending for low-income beneficiaries who are also eligible for Medicaid is substantially higher—Medicare payments for them are 70 percent higher than for those with higher incomes. Beneficiaries spend, on average, more than \$2,500 out-of-pocket on Medicare premiums and cost-sharing, and on health services not included in the Medicare program. This is a third of the annual income of an individual living in poverty.

Moreover, on average the health of low-income Medicare beneficiaries is substantially worse than that of the general Medicare population: Low-income beneficiaries are nearly twice as likely as those with higher income to self-report fair to poor health and nearly twice as likely to have used an emergency room in the past year; they are less likely to have a particular physician; and they are three times more likely to have needs for assistance due to functional impairments in activities such as dressing, eating and bathing.

Despite the importance of financial protections and their promise of help to low-income beneficiaries, the current QMBY and SLMBY (Specified Low-Income Medicare Beneficiaries, with incomes up to 120 percent of poverty) benefits have failed to reach nearly four million eligible individuals. A recent Urban Institute report estimates that only 10 percent of those eligible are participating in the SLMBY program and less than two-thirds of those eligible are enrolled for QMBY benefits.